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ABSTRACT

This booklet examines the unique difficulties of delivering education services to at-risk children and youth with exceptionalities who live in rural areas. An introductory chapter considers the extent of the problem and identifies such strategies as providing self-esteem education, appropriate preservice and inservice training, community-business-school partnerships, family involvement, and community education. The second chapter provides a synthesis of the research, noting the high dropout rate in rural areas, conditions placing rural students at risk (e.g., poverty, limited English proficiency, and migrancy), and problems associated with implementing special education services (e.g., scattered populations, isolation, and a lack of social services). Implications for practitioners are considered in the third chapter, such as the need for program design based on the uniqueness of each rural community. Nineteen factors to be considered in service delivery design are discussed, such as cost efficiency, and expertise and attitudes of available personnel. The last chapter identifies recommendations regarding policy, preservice and inservice training, school programming, community action, parent activities, teacher concerns, and individual student concerns. Includes 30 references and suggested resources including examples of successful service delivery models. (DB)

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Doris Helge

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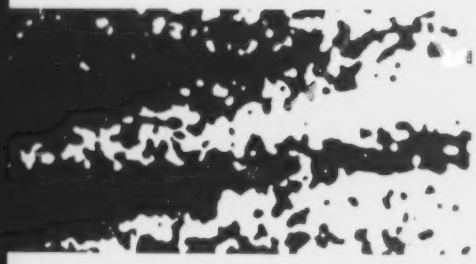

Rural, Exceptional, At Risk

Doris Helge

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Foreword

EXCEPTIONAL CHILDREN AT RISK
CEC Mini-Library

Many of today's pressing social problems, such as poverty, homelessness, drug abuse, and child abuse, are factors that place children and youth at risk in a variety of ways. There is a growing need for special educators to understand the risk factors that students must face and, in particular, the risks confronting children and youth who have been identified as exceptional. A child may be at risk *due to* a number of quite different phenomena, such as poverty or abuse. Therefore, the child may be at risk *for* a variety of problems, such as developmental delays; debilitating physical illnesses or psychological disorders; failing or dropping out of school; being incarcerated; or generally having an unrewarding, unproductive adulthood. Compounding the difficulties that both the child and the educator face in dealing with these risk factors is the unhappy truth that a child may have more than one risk factor, thereby multiplying his or her risk and need.

The struggle within special education to address these issues was the genesis of the 1991 CEC conference "Children on the Edge." The content for the conference strands is represented by this series of publications, which were developed through the assistance of the Division of Innovation and Development of the U.S. Office of Special Education Programs (OSEP). OSEP funds the ERIC/OSEP Special Project, a research dissemination activity of The Council for Exceptional Children. As a part of its publication program, which synthesizes and translates research in special education for a variety of audiences, the ERIC/OSEP Special Project coordinated the development of this series of books and assisted in their dissemination to special education practitioners.

Each book in the series pertains to one of the conference strands. Each provides a synthesis of the literature in its area, followed by practical suggestions—derived from the literature—for program developers, administrators, and teachers. The 11 books in the series are as follows:

- *Programming for Aggressive and Violent Students* addresses issues that educators and other professionals face in contending with episodes of violence and aggression in the schools.
- *Abuse and Neglect of Exceptional Children* examines the role of the special educator in dealing with children who are abused and neglected and those with suspected abuse and neglect.
- *Special Health Care in the School* provides a broad-based definition of the population of students with special health needs and discusses their unique educational needs.
- *Homeless and in Need of Special Education* examines the plight of the fastest growing segment of the homeless population, families with children.
- *Hidden Youth: Dropouts from Special Education* addresses the difficulties of comparing and drawing meaning from dropout data prepared by different agencies and examines the characteristics of students and schools that place students at risk for leaving school prematurely.
- *Born Substance Exposed, Educationally Vulnerable* examines what is known about the long-term effects of exposure *in utero* to alcohol and other drugs, as well as the educational implications of those effects.
- *Depression and Suicide: Special Education Students at Risk* reviews the role of school personnel in detecting signs of depression and potential suicide and in taking appropriate action, as well as the role of the school in developing and implementing treatment programs for this population.
- *Language Minority Students with Disabilities* discusses the preparation needed by schools and school personnel to meet the needs of limited-English-proficient students with disabilities.
- *Alcohol and Other Drugs: Use, Abuse, and Disabilities* addresses the issues involved in working with children and adolescents who have disabling conditions and use alcohol and other drugs.
- *Rural, Exceptional, At Risk* examines the unique difficulties of delivering education services to at-risk children and youth with exceptionalities who live in rural areas.

- *Double Jeopardy: Pregnant and Parenting Youth in Special Education* addresses the plight of pregnant teenagers and teenage parents, especially those in special education, and the role of program developers and practitioners in responding to their educational needs.

Background information applicable to the conference strand on juvenile corrections can be found in another publication, *Special Education in Juvenile Corrections,* which is a part of the CEC Mini-Library *Working with Behavioral Disorders.* That publication addresses the demographics of incarcerated youth and promising practices in responding to their needs.

1. Introduction

Two thirds of America's schools are rural, and rural schools contain higher percentages of students who are at risk than nonrural schools. Strategies for educating rural students at risk include providing self-esteem education, appropriate preservice and inservice training, community-business-school partnerships, family involvement, and community education.

Two thirds of America's schools are rural, and rural schools contain higher percentages of students who are at risk than do nonrural schools. This book discusses basic conditions associated with this phenomenon, necessary policy and social changes, and how these can be achieved within the context of a given rural community. Strategies for designing appropriate rural service delivery models are described as well as school and community preventive and treatment services.

This book discusses the need to address the "secondary" disability (the emotional overlay) of students who are at risk to facilitate effective intervention with their "primary" disabilities. It also contains resources and strategies for rural special educators and administrators, emphasizing self-esteem education, appropriate preservice and inservice training, community-business-school partnerships, family involvement, and community education. Collaboration between special and regular education is encouraged, to prevent and treat at-risk student conditions.

2. Synthesis of Research and Other Knowledge

While the dropout rate nationally is 25%, it has been estimated to be much higher in rural areas. Many conditions that place students at risk are present in rural areas, including poverty, limited English proficiency, and migrancy. Fewer services are available in rural areas, and problems associated with implementing comprehensive special education services are compounded by vast land areas, scattered populations, and isolation. Remote and impoverished districts also suffer from a lack of social, psychological, and family counseling services.

Incidence of Rural Students Who Are At Risk

There are many ways that, as a result of disability and/or environmental conditions, rural children are placed at risk for academic and/or social failure. Rural areas typically have disproportionate percentages of children from poor families, and many rural communities are composed of Hispanic migrants and other non-English-speaking populations. Significant rural populations are also composed of minorities (e.g., those located in Southern Black communities and on Native American reservations).

More than 25% of all high school seniors across the United States do not graduate, and many who do need remedial reading and writing courses (Olson, 1987). The statistics are even more grim in rural areas. While the national dropout average hovers around 20%, the average dropout rate for small and rural schools may be 40 to 50% (Phelps & Prock, 1991). Rural citizens are twice as likely as non-rural citizens to be poor (Brown, 1989; National Rural Studies Committee, 1989; O'Connor, Murr, & Wingert, 1986), and fewer services are available for at-risk students in rural areas (Helge, 1990).

The prevalence of students who are at risk in rural areas is high. A national study conducted by the National Rural Development Institute (Helge, 1990) was designed to compare incidences of various at-risk student conditions. Students with disabilities who were also at risk for academic and/or social failure were operationally defined by the study as those in one or more of the following categories:

Substance abusers

Those experiencing depression, suicide attempts, and/or low self-esteem

Victims of child abuse (physical, emotional, verbal, or sexual)

Children living in poverty

Children of an alcoholic or substance abuser

Children from illiterate backgrounds

Children in migrant families

School dropouts

Sexually active/pregnant children

Children involved with crime

Children from minority and poor backgrounds

Data reported by respondents indicated that rural children fared worse than nonrural children in 34 out of 39 statistical comparisons. Estimates for students with disabilities who are at risk exceeded those for nondisabled rural school students in 20 instances, about half of the time. In nonrural schools, students with disabilities exceeded students without disabilities in 14 instances (Helge, 1990).

Data clearly indicated that most students with disabilities also have another of the at-risk conditions just listed (Helge, 1990); they *are* at risk. (Bousha & Twentyman, 1984; Chotiner & Lehr, 1976; Diamond & Jaudes, 1983; "Leadership for Special Education," 1989; "Panel Calls . . .," 1989; Frisch & Rhoads, 1982; Glaser & Bentovim, 1979; Lorber, Felton, & Reid, 1984; National Center on Child Abuse and Neglect, 1982). Whereas the national dropout rate is 25% (Olson, 1987), the dropout rate for students with disabilities is 36% ("Leadership for Special Education," 1989; National Council on Disabilities, 1989.)

The national study comparing urban, suburban, and rural at-risk student conditions suggested that the social and economic strains facing rural students are at least as difficult as those facing inner-city youth (Helge, 1990). Other national studies have corroborated this conclusion ("Students at Risk," 1990) and have indicated higher dropout and teenage pregnancy rates in rural than in nonrural areas. Some state-specific studies conducted by rural states have indicated a high rate of at-risk students. For example, the Department of Education in Wyoming stated that as many as half of the state's children could be classified as at risk in terms of their potential for dropping out, suicide, drug addiction, child abuse, crime, pregnancy, or illiteracy ("At-Risk Students," 1987; Wyoming Department of Education, 1987.) Based on these studies, it is apparent that the image of rural children leading wholesome, trouble-free lives compared with youth in more crowded settings is in need of revision.

Service Delivery Obstacles and Cultural Factors

Problems traditionally associated with implementing comprehensive special education programs in urban areas are compounded in rural areas. Vast land areas, scattered populations, and inadequate services are obstacles to program development, particularly when highly trained personnel and specialized facilities and equipment are required. The isolation of many rural areas, especially those in remote locations with sparse populations, creates conditions likely to put children at risk. An example is the lack of services with a preventive emphasis.

Rural culture is also a factor. The rural tradition of fiercely independent citizens who "take care of their own" and the intimacy of many rural settings can actually contribute to problems. Many rural areas are known for their closely knit communities and family involvement in schools, while others are known for a lack of parental involvement. Either way, citizens in small communities essentially "live with" their neighbors, frequently encountering them in the grocery store or the post office. Many residents are thus unwilling to side with a child who has been abused or neglected, against a parent they have known for years. Citizens may be employed by such individuals or see them frequently at community functions. Guarantees of confidentiality in reporting abuse may be difficult to believe. The traditions of independence and individualism can also mitigate against seeking counseling or social services.

Other obstacles include the lack of social, psychological, and family counseling services in remote and impoverished rural districts. While there are some benefits for poor children or those with emotional, physical, or mental disabilities in being able to blend into an accepting rural community, these children may not receive services that inspire or empower them to meet their full potential. Many rural communities have inadequate medical personnel, foster care, special education, and sex education. Many lack instruction to prevent drug and alcohol abuse. Some rural areas are experiencing an influx of refugees and lack bilingual-bicultural staff and programs. Many rural communities have comparatively few recreational activities in an age in which television offers the image that life should be full of exciting leisure activities. Teenage sexual activity, drugs, and alcohol frequently become major recreational pursuits.

Career instruction and vocational education opportunities may be limited even in areas with low rates of college attendance. Recent attempts by many states to raise graduation requirements and the linkage by some of competency tests to higher standards have posed difficult challenges to many rural school districts.

Lack of services can be especially serious for children with disabilities. Inadequate prenatal care and poor nutrition in impoverished

areas for children of uneducated teenage mothers exacerbate existing problems. Many remote rural communities are isolated from state-of-the-art services, and many service providers feel isolated from other professionals and from staff development opportunities (Helge, 1990; Phelps & Prock, 1991).

Although some rural communities are thriving, many are experiencing economic and social difficulties that are contributing to the development of at-risk children. Poverty, family instability, depression and suicide, teen pregnancy, and alcohol and drug abuse have increased as farming, timber, coal, gas, mining, and some fishing industries have declined. In many areas, stagnation in resource industries has been accompanied by the loss of manufacturing to foreign competition. Limited employment opportunities feed low aspirations and low levels of hope that the future could be any different. Some rural students drop out to assist in supporting their families.

In communities with longstanding social, educational, and economic problems, some students develop low aspirations regarding education, graduation, and employment. Education may not be highly valued. Sexual activity, teenage parenting, drug and alcohol use, delinquency, and dropping out of school become commonplace in such communities. Low self-esteem may be accepted and become pervasive. Students may have to exhibit wider ranges of so-called "deviancy" before their behavior attracts the attention of the school or community.

These conditions have occurred at a time when the United States has experienced an explosion of social problems such as increases in the number of latchkey children, drug and alcohol abuse, crime, homelessness, sexually transmitted diseases, and the disintegration of the traditional family. As highways, ferries, and small planes have provided access to even remote rural communities, "crack" cocaine and the HIV virus have found their way into the rural United States. Outmigration of citizens from urban to rural areas has frequently resulted in the transfer of urban problems as well as "culture shock." In fact, the HIV virus is increasing in rural and small towns at the rate of 37%, while populations greater than 500,000 are experiencing only a 5% increase (National Commission on HIV/AIDS, 1990; "Panel Calls . . . ," 1989).

Ironically, social and medical ills contributing to the development of students at risk have increased rapidly at a time when technological developments are ensuring that greater percentages of premature and seriously ill babies live ("Special Education in the 1990s," 1990). Although special education placement is not necessarily the answer for students at risk, many such students test appropriately for special education categories because of the heavy emotional overlays they bear. For example, low self-esteem may contribute to an inability to test well and thus provide a legal but inappropriate special education placement.

Most students at risk exhibit *more* than one of the characteristics listed earlier. Typically, low self-esteem and/or the existence of a dysfunctional family overlay other characteristics. For example, studies have consistently linked delinquents, child abusers, and victims of abuse with low self-esteem and/or dysfunctional families. There are many controversial issues in attempts to determine regular and special education responsibilities for children at risk. Some of them relate to difficulties in defining which students are at risk and agreeing on the appropriateness of special education placement ("Special Education in the 1990's," 1990). This controversy is especially relevant in rural areas with scarce special education resources including specialized personnel, facilities, and equipment.

A related controversy concerns the degree to which high percentages of children labeled "special education students" are actually students who are at risk and are inappropriately classified. Their real educational and social needs are not being met. For example, Bryan (1987) investigated children with learning disabilities (LD) whose social problems resembled their learning problems. He stated that many children with LD have difficulty reading people, just as they have difficulty reading text. He also determined that many of these children are also labeled emotionally disordered.

The terms achievement and underachievement are culturally and socially defined. Questions concerning discrimination against poor students and controversies concerning the use of Ritalin and other drugs with special education and other at-risk students are well known (Green, 1989; Bruce, 1988). Many authorities are advocating inquiry concerning the *source* of behavioral problems. Since many students are reacting to an underlying problem (their environment), experts are encouraging educators to cater to their individual needs and interests rather than condoning labeling and early use of drugs such as Ritalin (Bruce, 1988). Special and regular educators have long recognized the potential stigmatization of labels and their potential to lower a child's self-confidence and thus the child's ability to learn.

Experts are now advocating that regular and special education be redesigned to meet the needs of increasing numbers of students who are at risk, as early in their development as possible ("Special Education in the 1990's," 1990). Students with disabilities are particularly vulnerable to child abuse (Parent Advocacy Coalition for Educational Rights, 1986). Collaboration between regular and special education is not only essential to prevention of abuse and effectively serving students who are at risk, it is also the most economically viable alternative.

Students at risk and those classified as special education students are separated in state and federal agencies. For example, students served by programs under the Education Consolidation and Improvement Act of 1981 are separated from students labeled as special education students.

Many of the students exhibit characteristics of both groups, and this false separation inhibits collaborative problem solving and service delivery. The U.S. Office of Special Education and Rehabilitative Services (OSERS), in an interview with Assistant Secretary Robert Devila, recognized that students with disabilities *are* students at risk ("Panel Calls. . .," 1989). The major purpose of this book is to describe ways to change that situation.

The statistics regarding rural students who are at risk are serious. Two thirds (67%) of all schools in the United States are in rural areas, and the majority of unserved and underserved children with disabilities are also located in these areas (Helge, 1984). Most news coverage emanates from urban areas, and crime generated by the greater concentrations of individuals in the cities demands media attention. Thus, rural areas typically receive inadequate media coverage regarding their problems. They are usually given inadequate attention from federal and state governments as well, receiving fewer federal and state funds than do urban and suburban areas.

Summary

The majority of schools in the United States are rural, and these schools have the highest percentages of students at risk and of unserved and underserved students with disabilities. In addition, rural cultural factors and economic conditions contribute to at-risk student conditions. Services for rural students who are at risk are frequently unavailable or inadequate.

Special education is not necessarily the most viable option for providing services to students who are at risk. Unidentified and underserved gifted students are also at risk for dropping out, suicide, and underachievement. Regular and special education services should be redesigned to meet the needs of increasing numbers of students in special education. Collaboration between the two fields is essential to successfully preventing and treating at-risk student conditions.

3. Practitioner Implications

Geography and local cultural factors contribute to the uniqueness of each rural community, and this uniqueness requires that rural service delivery systems be individually designed. Nineteen factors to be considered in service delivery design are discussed in this section, followed by a discussion of the process of designing a rural service delivery model.

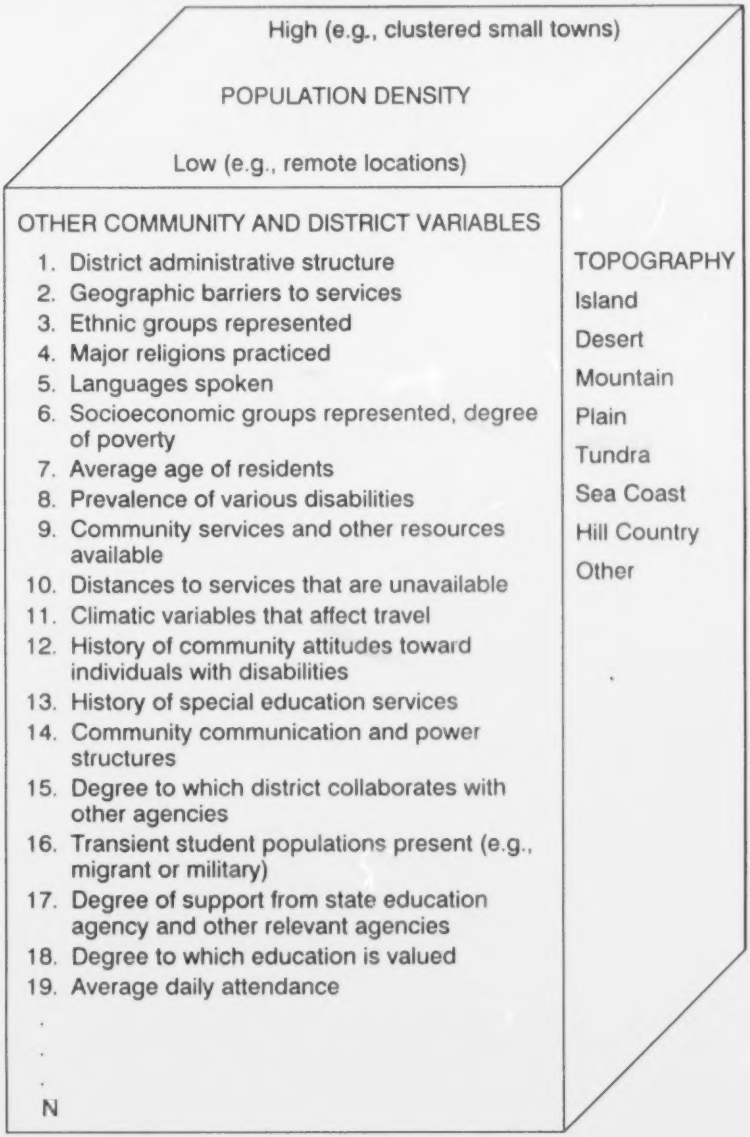
Rural communities are extremely diverse, with family farming now comprising less than 4% of economic lifestyles of the United States. Agriculture, small businesses, manufacturing, agricultural-related industries, timber, petroleum, fishing, resorts, military service, Indian reservations, and subsistence economies in wilderness areas are examples of this diversity.

Each community has a distinct environment and unique strengths and weaknesses. Many rural areas still have a relatively high trust factor, close family ties, and a sense of community. Extended families are a resource to programs. Rural citizens typically evidence a willingness to volunteer to help those with disabilities. However, rural subcultures vary tremendously. They range geographically from remote islands to Arctic villages to deserts, and economically from stable classic farm communities to depressed lower socioeconomic settings to high-growth "boom or bust" communities. The array of rural service programs ranges from isolated agencies or schools serving as few as 1 to 10 children in a location 350 or 2,000 miles from the next nearest service agency to programs located in small clustered towns or surrounded by other service agencies.

The problems of serving a child with cerebral palsy in a remote area with no physical, occupational, or speech therapist, where 250 miles separate that child from the next child with cerebral palsy, are quite different from problems encountered in a more clustered rural area. Location has tremendous implications for proximity to resources, especially highly specialized services such as physical or occupational therapy.

Figure 1 may be helpful in conceptualizing the diversity of rural communities and service delivery systems (schools and health, mental health, and other service agencies). Each of the variables listed has individual ramifications for service delivery. For example, a rural school's administrative structure has implications for securing resources outside of the school. A district that is part of a cooperative can usually

FIGURE 1
Dimensions of the Diversity of Rural Service Delivery Systems


High (e.g., clustered small towns)
POPULATION DENSITY
Low (e.g., remote locations)
OTHER COMMUNITY AND DISTRICT VARIABLES
1. District administrative structure
2. Geographic barriers to services
3. Ethnic groups represented
4. Major religions practiced
5. Languages spoken
6. Socioeconomic groups represented, degree of poverty
7. Average age of residents
8. Prevalence of various disabilities
9. Community services and other resources available
10. Distances to services that are unavailable
11. Climatic variables that affect travel
12. History of community attitudes toward individuals with disabilities
13. History of special education services
14. Community communication and power structures
15. Degree to which district collaborates with other agencies
16. Transient student populations present (e.g., migrant or military)
17. Degree of support from state education agency and other relevant agencies
18. Degree to which education is valued
19. Average daily attendance
N
TOPOGRAPHY
Island
Desert
Mountain
Plain
Tundra
Sea Coast
Hill Country
Other

Source: Helge (1984).

obtain the services of an occupational therapist more easily than can a single isolated district.

Two key variables of service delivery are *population density* (Are there enough children with a given disability to allow a rural community or service agency to hire a specialist?) and *topography* (Does a mountain with untraversable roads at certain times of the year inhibit transportation of services?). Interaction of these two dimensions with that of "other community and district variables" further individualizes an area and its services. A change of one variable in any of the three dimensions differentiates a given community from others even more. Because this is an open model, the number of possible types of rural communities is infinite. In fact, previous American Council on Rural Special Education (ACRES) research cataloged over 300 combinations when conducting on-site visits (Helge, 1984). Thus, rural service delivery systems must be individually designed.

Table 1 illustrates issues differentiating rural and urban communities as they serve children with disabilities.

Importance of Family Involvement and Rural Family-Community Partnerships

The involvement of families in educational programs for at-risk rural children with disabilities is essential for program success. Families are resources for program follow-through (particularly in summer months) and can supply new information that is useful to teachers and therapists. Through their involvement, parents and siblings develop more realistic expectations for the achievement of children with disabilities. Effective family communication systems increase the level of support for special education and related services in the rural community. Typically, long-term relationships are established because many rural service providers are responsible for a child with disabilities for more than 1 year at a time. Children usually feel more comfortable when there is a close working relationship between parents and service providers—both of whom they respect.

Considerations for Service Delivery Planning

Just as urban models are not appropriate for rural communities, there is no one rural service delivery model for the great variety of rural subcultures. It simply cannot be assumed that a practice that is effective in a remote Wyoming ranching territory will be viable on an isolated island, in part of a cluster of New England seacoast towns, or in an agricultural migrant camp. Instead, service delivery models must be individually designed for the rural communities and service delivery systems in which they will be implemented.

TABLE 1
Issues Differentiating Rural and Urban Communities as They Serve At-Risk Children with Disabilities

Issue	*Rural*	*Urban*
Transportation	Interagency collaboration hampered by long distances High costs Climatic and geographic barriers to travel	Problems primarily associated with desegregation issues or which agency or bureaucratic structure is to pay for transportation
Community structure	Sense of community spirit Personalized environment	Environment depersonalized except within inner-city pockets of distinctive ethnic groups
Geography	Problems include social and professional isolation, long distances from services, and geographic barriers	Problems posed by logistics of city (e.g., negotiating transportation transfers, particularly for wheelchairs)
Difficulties in serving specific disabilities	Children with low-incidence disabilities hardest to serve; integration of students with mild/moderate disabilities more acceptable than in urban schools	Adequate numbers of children with low-incidence disabilities typically allow students to be clustered for services or for a specialist to be hired; urban environment frequently not attitudinally as conducive to acceptance of mainstreamed students with mild/moderate disabilities
Backlog of children for assessment data	Results from lack of available services (specialized personnel, agency programs, funds, etc.)	Results from bureaucratic and organizational barriers
Communication	Mainly person to person	Formal systems (e.g., written memos) frequently used
Percentage of U.S. population	Approximately 29%	Approximately 71%

TABLE 1 - Continued

Issue	*Rural*	*Urban*
Percentage of school districts	Two thirds (67%) classified as rural	One third (33%) classified as metropolitan
Personnel turnover	Commonly 30% to 50% among specialized personnel such as speech, physical, and occupational therapists; especially serious among itinerant personnel serving low-incidence populations	More commonly involves program administrators; teacher turnover less than in rural schools
Student body composition	Small numbers of students with disabilities in diverse ethnic and linguistic groups pose difficulties for establishing programs for bilingual or multicultural students. Difficulties in serving migrant students with disabilities because of low numbers and few appropriate resources. Qualified bilingual and multicultural personnel difficult to recruit. Appropriate materials and other resources typically unavailable or inappropriate	Typically has a wide variety of ethnic and racial groups. Open student populations pose challenge and service delivery complexities, but comprehensive multicultural programs are feasible
Approach of relevant professionals	Generalists needed to perform a variety of tasks and teach a variety of subjects to students of various ages and disabling conditions	Specialists needed to serve as experts on one topic area or with one age or disability group
Educational service providers	Poor motivation; lack of educational goals and relatively low values for formal education	Discipline problems prevalent

TABLE 1 - Continued

Issue	*Rural*	*Urban*
Availability of technical resources	Advanced technologies less often available, particularly for student use	Modern technologies more prevalent than in rural schools and more available for use by students
Service provider qualifications	Agencies frequently forced to hire unqualified personnel (e.g., schools frequently use temporary certifications)	Service providers and educators more likely to have advanced degrees with an appropriate specialization
Personnel recruitment and retention problems	More serious than in urban areas; related to low salary levels, social and professional isolation, lack of career ladders, long distances to travel, and conservatism of rural communities	Problems regarding some types of professionals, but less than in rural areas; discipline, crime, violence, and pollution impact retention
Causes of funding and policy inequities	Rural advocates fewer in number and therefore less vocal; sparse populations facilitate policies ignoring rural problems	Separate but unequal services created by government policies and funding mechanisms facilitating areas with inadequate tax bases; existence of inner-city minority groups with little political clout facilitates unequal treatment for urban children with disabilities
Curricular issues	Curriculum content, examples, graphics, etc. are most frequently based on urban situations	Curriculum examples, videotape graphics, and situations are frequently not relevant for rural cultures; commercial enterprises find more profit in targeting urban audiences

Each of the 19 factors discussed in the sections that follow must be considered by those designing a service delivery system for rural children with disabilities who are also at risk. More important, the interrelationships among them must be assessed. For example, areas with equivalent population densities should plan in significantly different ways if one service delivery area is surrounded by mountains with relatively untraversable roads all winter, while the other is located in a flat agricultural area with mild winters.

Population Density. The population per square mile is significant for the model planner. Although a rural area is by definition relatively sparsely populated, services must be planned in a dramatically different manner for small clustered townships than for schools located on remote islands, vast rangelands, or in the isolated bush villages of Alaska. This is important in determining whether or not students with similar learning needs are available to be clustered for services and in assessing proximity to services.

Distance from Child to Services Needed. Assuming that a service exists, the planner needs to know the distance from the child to the service location or from the itinerant staff member to the child. Knowledge of the actual travel time will assist in determining whether a service or professional should be transported to the student or vice versa.

Geographic Barriers. Absolute distance from potential services to a student is frequently complicated by geographic barriers such as mountains, untraversable roads, or the necessity of taking ferries or small planes. In some areas of the Northeast and Northwest, roads do not exist. Personnel must either travel by light plane, ferry, or snowmobile, or even detour through Canada to reach the rural service area. Because the U.S. government owns and prohibits travel through large areas of several Western states, personnel in these states must frequently travel an extra 2 or 3 hours to reach their service destination.

Climatic Barriers. In areas with severe climates or seasonal problems such as heavy spring flooding, it may be relatively unimportant (and highly frustrating) to planners that a qualified professional or program is located only an hour's distance from the child. Children with disabilities suffer when program continuity is frequently disrupted by weather-related problems. Administrators also experience difficulties with planning or implementing long-term goals for a child.

Languages Spoken in the Community. Just as the primary language spoken by a child with disabilities must be considered when designing the child's individualized education program (IEP), the primary language of the

rural child and his or her family also has relevance for selecting appropriate personnel, especially itinerant staff who visit rural communities with lifestyles and cultures different from their own. It is also extremely important to the administrator who is considering clustering children for services.

Cultural Diversity. Knowing that disrupting family life interferes with the effectiveness of services, service planners try not to interfere with the most readily recognized ethnic cultures. However, unique rural subcultures also must be considered. Research has clearly indicated that some federal and state service requirements, although well intentioned, were written without extensive familiarity with various rural cultures. Implementing the requirement that written parental permission be obtained, for example, is particularly difficult in some rural-based cultures having no written language.

Similarly, some rural subcultures have no concept of the terminology of special education and related services. Some religious cultural minorities also have beliefs and traditions that are at variance with school traditions, such as religious holidays that conflict with a school calendar of services. Planners must also be aware of unique community and parental expectations for the success of children with disabilities. Children with disabilities who belong to transient rural subcultures such as migrant and military populations also provide unique challenges for the rural services planner. These include tracking the student to ensure program continuity.

A relatively new phenomenon facing many rural planners is the "boom or bust" syndrome prevalent in states with a priority of developing energy resources. Some administrators, faced with seemingly "overnight" doubling of their client population because of temporary influxes of community workers, find that by the time they locate resources to provide services, their populations have significantly decreased.

Economic Lifestyles of the Community. Rural communities, particularly those with relatively nondiversified economies, tend to schedule their lives around the requirements of attempting to make a living. Service delivery planners should be aware of all community priorities and events that might influence or even interfere with service delivery. Examples include children with disabilities who are absent during periods of agricultural or timber harvesting. Likewise, berry picking, egg gathering, fish camp migration, and trapping or seasonal festivals in resort communities may interfere with service delivery schedules.

Community Communication and Power Structures. The service delivery planner who ignores the existing communication and power structures of a rural community probably will not last in that community. Typically,

informal systems are more potent than those that are formally outlined. Informal rules often have significant ramifications for serving children with disabilities. For example, they may affect such issues as who, in reality, assigns duties to the itinerant specialist, data confidentiality, and the person to whom service deliverers feel accountable.

Ages of Children Served. The planner should ascertain the ages of individuals to be served in the local program and in any adjacent communities or systems in which collaborative services are being considered. The United States still has many school districts in which one service provider is responsible for a wide range of ages. Some rural schools are preschool through 12th grade, with one or no special education teachers. Studies have shown that such a situation fosters a great deal of stress associated with burnout (Helge, 1984). Thus it behooves the administrator to attempt to group individuals in similar age groups, if at all possible. Of course, exceptions are made when developmental age is more critical than chronological age.

Type and Severity Levels of Disabilities. The level of severity of a disability frequently determines whether or not a child can receive services within a mainstreamed setting. Some types of disabling conditions tend to be more prevalent in some rural subcultures than in others. Areas with colder temperatures tend to have more otitis media, which, if untreated, may result in higher percentages of citizens with hearing impairments. Migrant and other low socioeconomic cultures tend to have greater concentrations of children with mental retardation because of inadequate nutrition, health care, and prenatal care. Designing services for such unique groups of individuals requires specific actions by the planner (Helge, 1984).

History of Services Provided. Past services to children with disabilities in a particular service area are closely linked not only to available funding and awareness of federal and state regulations but also to community attitudes. In rural communities, key power sources (whether the judge, village elders, the school board chair, or the wealthy farmer who likes children and serves as a janitor during the off season) have pervasive influences on services.

Rural citizens are typically unimpressed by what they are told they "have to do" for children with disabilities. In contrast, they are highly motivated to provide appropriate services when the initiative is theirs. Adept administrators understand and plan to use such inherent rural community attributes, particularly when attempting changes. In rural communities having a unique ethnic heritage, it is possible and important to plan new services that will be palatable to the native heritage and, as much as possible, preserve the community's sense of self-determina-

tion and identity. It is not surprising that isolated rural communities whose only choice in the past has been to send their students with disabilities to communities or cities with dissimilar cultures have resisted change—and sometimes even the concept of special services.

Currently Available Resources. While federal regulations require that appropriate services be made available to each child in the "least restrictive environment," the law does not state how such services are to be delivered. Despite their reputation for inflexibility, rural citizens have, out of necessity, long tended to be creative problem solvers. The model planner should assess all existing resources. The resulting catalog of current resources should include intraschool and external facilities, equipment, and so forth. The planner should then identify and take advantage of the "hidden" resources endemic to the rural United States such as its sense of volunteerism and community spirit.

Relationship of Governance Systems to External Resources. A district or other service agency that is administratively part of a cooperative or has access to a state's educational service district typically has greater resources available to it than does one where the majority of external resources must come from a centralized state education agency. This is particularly true when the isolated agency is located a great distance from the state headquarters or when geographic or climatic barriers exist.

Cost Efficiency. When feasible, the planner should assess costs of alternate systems of providing a given service. The fiscal realities of rural service delivery systems must be considered. However, the planner will typically not be faced with evaluating monetary trade-offs between equivalent alternatives. It is more likely that he or she will have to document a need and request funds from a supervisor, a cost-conscious rural board, or a community organization.

The administrator should be knowledgeable about budgetary accountability systems. Data gathering and subsequent presentations should consider cost efficiency in light of a range of services that vary in their potential effectiveness. The planner should address not only local expenditure per child versus placement costs out of the area but also funding alternatives. The planner should also be prepared to answer questions concerning the percentages of the local agency's contribution allocated to salaries, transportation, consultants, and equipment.

Expertise and Attitudes of Available Personnel. The planner must know not only the grade levels and types of disabilities that existing personnel are prepared to serve, but also their flexibility in serving as generalists (i.e., serving several types of disabilities) or as specialists. Formal as well as informal training must be considered, and attitudes of personnel toward

serving individuals with various disabilities are important. The planner may need to structure staff development opportunities to guarantee that citizens are served by personnel who respect them and are comfortable with their specific disabilities.

Dealing with Interrelationships and Combinations of Factors

The importance of understanding and considering the interrelationships among all 19 of these factors cannot be overemphasized. Combinations of factors are critical and should be weighted more heavily than single-factor barriers to service delivery.

It is difficult to design an effective service delivery model when a rural agency has multiple cultures or when, for example, a child with a disability resides in a sparsely populated area 150 miles from essential services. The task is even more difficult when the child's culture differs significantly from that of the nearest service area, when service delivery is inhibited by geographic or climatic barriers, or when the community's power structure has low expectations for the success of such a child.

The planner should identify which of these 19 variables are problematic, select those that appear to be most important, and address those variables first. Problems that can be ameliorated quickly (e.g., by linkage with technological or other resources available through the state or by gaining the understanding and support of the local power structure), should be. Usually, the planner can merely acknowledge factors that are unchangeable "givens" (e.g., spring flooding) when designing the service delivery plan.

Model Development

After considering these factors, the planner is ready to develop a workable service delivery model. There is no such thing as a pure model for rural service delivery. Rather, eclectic approaches are the rule, and numerous variables must be juggled (e.g., cost vs. intensity of need or availability of alternate services).

Technological advances are greatly improving the options of the local rural education agency. For example, it is no longer necessary to choose between hiring a specialist or a generalist if a generalist can use satellite instruction or some other technology to supply specialized content.

Variables of a service delivery model that must be manipulated so that the resulting eclectic model has a "fit" are as follows:

Equipment

Facilities

Financial system

Staff development program

Transportation system

Staffing for services

Parent involvement and training

Community involvement and support

Governance system

Interagency collaboration

Figure 2 illustrates the process of designing a rural service delivery model. Factors that can present planning problems but cannot be controlled by the model designer are termed *givens*. Factors that can be manipulated by the planner are labeled *variables*. The planner can create an appropriate service delivery model by recognizing givens and controlling variables.

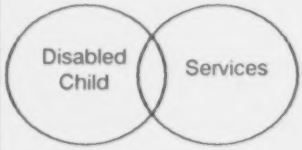
Policy Implications

The complex social factors involved in creating conditions that place children at risk necessitate social change as well as classroom intervention. The Council of Chief State School Officers (CCSSO) (1987) recognized this and adopted a proposal calling on states to guarantee a high quality precollegiate education to those students deemed least likely to finish high school. This is evidence of the complexity of the factors involved in the at-risk situation.

Among the eleven guarantees for at-risk students in the CCSSO policy statement is the right to attend a school with a demonstrated record of substantial and sustained student progress. The proposal represents a basic understanding that major structural revisions are needed to change a school system in which one in four students does not graduate from high school and nearly 13% of 17 year olds still enrolled are functionally illiterate.

The existence of a disabling condition makes graduation even more difficult, as does residence in a rural area (DeYoung, 1991; Helge, 1984). The private sector, elected officials, and the wider citizenry are clearly recognizing that without success for *all* children our labor force will continue to decline, as will our standard of living in the United States. This is an important new incentive for effective programming for children who are at risk.

FIGURE 1
Consideration of Givens and Manipulation of Variables Allows the Planner to Create an Appropriate Service Model

G	+	V	+	M
Givens That Can Be Problematic*		Variables That Can Be Manipulated*		Appropriate Service Delivery Model
Population density Distance from child to services needed Geographic barriers Climatic barriers Languages spoken in community Cultural diversity Economic lifestyles of community Communication and power structures Ages of children served Disabilities served History of services provided Available resources Governance systems re: external resources Cost efficiency Expertise of available personnel Expertise and attitudes of existing		Equipment Facilities Financial system Staff development program Transportation system Staffing for services Parent involvement and training Community involvement and support Governance system Interagency collaboration		

*Items are illustrative.

Appropriate Inservice Education

The first priority must be the immediate welfare of the student. Teachers, related services personnel, school board members, administrators, and others must understand that the worst thing they can do is *nothing*. Each person attending an inservice session must be encouraged to take his or her knowledge back to other personnel in the school and to parents. The content should include all of the factors in Table 2. Inservice programs should include processes to develop interdisciplinary assessment and intervention teams. Training for all personnel who interact with children with disabilities and their families should emphasize knowledge about disabilities, reporting requirements, indicators of child abuse, and state laws concerning child abuse.

Community-Business-School Partnerships

It is essential that the community, including social agencies and businesses, and civic and volunteer organizations, be involved. Rural resources are simply too scarce to attempt to deal with people separately. All community resources are required to handle social problems such as those involved with at-risk conditions. The ACRES National Rural At-Risk Student Task Force and other agencies have suggestions for techniques of involving community elements without sacrificing student confidentiality.

Family Involvement

Parents can be an excellent resource and ally in approaching other parents and the school administration. Siblings can often reach students who will not listen to anyone else. In some cases, families will be in denial (e.g., alcoholism, substance abuse, or attempted suicide). In such cases, the school and community must help parents understand that denial is, in essence, condoning behavior and allowing it to continue to the detriment of the student. Frequently, rural family members will listen to their peers (e.g., neighbors or cooperative extension workers) more easily than they will to school personnel. Pre- and postnatal education of parents who have children at risk due to substance or child abuse should include stress management techniques and information regarding the limitations of specific disabilities.

Parent training and parent support groups are vital, but difficult to implement, in rural areas. One solution is to develop and disseminate videotapes for those who are unable to get together. These can be shown at regional or community functions or facilities (such as libraries, county fairs, or grange club meetings).

TABLE 2
Prevention and Treatment Factors to Assist Rural Students Who Are At Risk

Inputs	*Student Products*
Social change, recognizing local rural culture	Development of self-respect
Policy change/development	Sense of identity
Preservice education	Motivation
Intraschool efforts *	Sense of responsibility for actions
Development of school policies	
Problem recognition	
Assessment and treatment	
Holistic/interdisciplinary approaches	
Curricular approaches	
Counseling (individual and group)	
Transition programs	
Appropriate staffing including full-time and flexible itinerant staff	
Community-business-school partnerships	
Family involvement	
Community education	
Community mental health services	
Prevention	
Treatment	
Comprehensive health services	
Prevention	
Treatment	

* See Chapter 4 for specific approaches.

Community Education

It is essential that the community be educated regarding all of the factors in at-risk situations. This will help deter many such situations from occurring and will help in ameliorating the current conditions. Community education might be provided via town meetings, newspaper articles, or presentations at local Welcome Wagons, garden clubs, and county fairs or via satellite programs on topics concerning recognizing and dealing with factors such as child abuse.

Intraschool Efforts

These efforts will include problem recognition, development of school policies, holistic and interdisciplinary approaches for assessment and treatment and comprehensive transition and counseling programs. Counseling programs should create opportunities for students who are at risk to discuss their personal conflicts, challenges, feelings, frustrations, and aspirations. Individual and group opportunities should stress confidentiality and peer and professional support for the students.

The administration and school board must adopt a strong policy and set guidelines for addressing at-risk conditions or elements leading to them (e.g., active teenage sexuality, substance abuse, and crime). It must also be recognized that just as an alcoholic or a person with any substance addiction moves through the phases of transition—denial, anger, bargaining, and depression—before reaching acceptance, so do teachers, counselors, administrators, and parents. Efforts must be persistent and encouragement must be offered, always recognizing that conditions affiliated with at-risk students will not go away as long as schools are trapped in denial.

Community Mental Health Services

Rural areas typically have inadequate community health services. Efforts must be made to upgrade the preventive and treatment aspects of such services. In addition, in remote areas and others lacking such services, advanced technologies or other methods of expanding services available in the region must be made. This may include a circuit-rider system of mobile/itinerant personnel or the use of alternate transportation (e.g., private pilots) to take clients to services. Any way to use existing rural outreach systems (e.g., cooperative extension workers, bookmobiles, or public health workers) would be consistent with local community values and potentially helpful.

Comprehensive Community Health Services

These services must also be upgraded to include prevention as well as treatment. This means that services for children of alcoholics, students with low self-esteem, students with previous experience with alcohol and drugs, and sexually active teenagers must have preventive aspects. Pregnant teenagers, alcoholics and substance abusers, students who have attempted suicide or experienced severe depression, juvenile delinquents, dropouts, and students with sexually transmitted diseases must also be serviced via a treatment mode.

The Importance of Self-Esteem

Most students who are at risk exhibit more than one at-risk characteristic. Typically, low self-esteem and the existence of a dysfunctional family overlay other characteristics. For example, studies have consistently linked delinquents, child abusers, and victims of abuse with low self-esteem and/or dysfunctional families.

A national study of rural education researchers and practitioners conducted under the auspices of the National Rural Development Institute found 75% agreement that working with low self-esteem and other emotional problems should be the number one national priority in assisting at-risk students (Bull, 1990).

There is a clear link between high self-esteem and good academic grades, a good school attendance record, and positive social skills. Most human behavior is emotionally based, and individuals with serious emotional problems are unable to learn effectively. Poor self-esteem is linked to at-risk conditions including teenage pregnancy, delinquency, depression, substance abuse, dysfunctional families, and child abuse.

The highest percentage of school dropouts are pregnant teenagers, and studies have indicated that most teen mothers relate that their behavior is related to low self-esteem and the desire to create "someone who will finally love me." Teenagers who value themselves and feel a sense of personal power value their future and do not endanger it by becoming pregnant, or engaging in drug or alcohol abuse, delinquency, or unsafe sexual practices.

The *Final Report of the California Task Force to Promote Self-Esteem and Personal and Social Responsibility* stated that self-esteem can be a social vaccine against the lures of crime, violence, substance abuse, teen pregnancy, child abuse, welfare dependency, and educational failure. (California Task Force, 1990.)

Summary

Models of service delivery for rural students who are at risk must be individualized for the local rural culture and norms, as well as for

individual students. This chapter has outlined policy implications and delineated strategies for designing individualized models.

4. Program Implications and Recommendations

A recent national study produced numerous recommendations and implications for programming in rural areas, including recommendations regarding policy issues, preservice and inservice training, school programming, community action, parent activities, teacher concerns, and individual student concerns. Strategies to support programs include using persons from the community, establishing social ties, responding to other family needs, using local communication sources, and using available technologies.

This chapter delineates specific program implications and recommendations. The first section presents policy issues and actions that can be taken by administrators, teachers, the community, and parents to develop and support programs for rural students at risk. The next section describes strategies that have been used to support successful service delivery models. A variety of service delivery models is described in the "Resources" section at the end of the book.

Program Implications

These recommendations were generated by a national study of rural students who are at risk (Helge, 1990).

Policy Issues

- At-risk students in migrant and Native American communities, the Mississippi River Delta and Appalachian mountain regions, lumber towns, Alaskan bush villages, and military installation communities have received media coverage in past years. It is time for policymakers to carefully consider the needs of other rural cultures and their at-risk students.
- Federal and state governments tend to recognize and deal with urban problems. The federal and state governments must recognize the extent to which rural students are at risk. Intra- and interagency efforts should address collaborative solutions to

problems. Federal and state intitiatives should be analyzed regarding their ability to address the needs of students at risk. Federal and state funding for rural at-risk programs should be equitable to funding in nonrural areas. States should assess the preservice training of teachers and other personnel concerned with students at risk. Incentives should be designed and implemented for personnel in these programs.

- Reliable national data on abused children with disabilities is needed. The variability of definitions, service criteria, and reporting mechanisms among the states must be addressed by Congress, the executive branch, the media, and relevant state agencies.
- State and national health, education, welfare,and protective service agencies need to establish an interactive network that assures the identification, assistance, and monitoring of children with disabilities who have been abused.
- All child abuse initiatives should include specific language that considers the disproportionate susceptibility of disabled children to abuse.
- At the local level, collaboration should involve state and local education agencies, university training programs, and social agencies (education, foster care, counseling, job training, juvenile incarceration, and others). Existing rural outreach systems such as cooperative extension and public health agencies, civic groups, parents, and volunteer organizations should also be involved in program planning and implementation.

Preservice and Inservice Training

- Staff inservice and university preservice training should focus on approaches of identifying and working with students who are at risk. Parents, foster care, and community agency personnel should also learn techniques of effectively listening to students and assisting them in understanding and expressing their feelings.
- Inservice and preservice time should emphasize processes of enhancing student self-esteem and include methods of developing interdisciplinary assessment and intervention teams. Teachers and other service personnel should be trained to work with families, community agencies, and students regarding the emotional needs of students who are at risk. Each person attending inservice training should be encouraged to take his or her knowledge back to other personnel in the school and to parents.

- The first priority must be the immediate welfare of the student. Teachers, other service personnel, school board members, administrators, and others must understand that the worst thing they can do is to ignore a student's problem.
- Preservice and inservice instruction should address:

  Problem recognition.

  Methods of identifying students who are at risk (as early as possible, and with confidentiality).

  Development of relevant school policies (with community participation).

  Resources available for prevention and treatment.

  Methods to develop student and parent self-esteem as a prevention and intervention mode.

  Academic assistance programs and techniques.

  Interdisciplinary, holistic intervention approaches.

School Programs

- Schools should structure ongoing student support systems such as peer, teacher, and administrative buddy systems and case management teams. Many districts have found that itinerant social workers can conduct groups for students as well as train teachers.
- Collaboration between school building personnel and social agencies should occur in ways that protect student confidentiality. Partnerships with other community resources including social agencies, businesses, the justice system, employment trainers, Job Training and Partnership Act (JTPA) programs, and rural outreach systems such as cooperative extension and public health systems should occur on an as-needed basis.
- Program evaluations should be ongoing (formative) and longitudinal.
- Academic and social development programs should be structured to ensure that students will experience success, to help them realize that this is possible for them. Attempts should be made for this to become self-perpetuating.
- Information should be gathered and nationally disseminated regarding effective programs for students who are at risk and their families. Effective training approaches for school personnel, related staff, and parents should also be disseminated.

- Schools and other service agencies should consider the need to train *all* personnel regarding techniques of working with students at risk. Some of the techniques that work well with students who have low self-esteem can be used to empower students whose self-esteem is within the normal range. This will aid our entire society. *All* teachers will have some students who exhibit at-risk conditions, and many students who are at risk are not readily identified. Training teachers to work with students who are at risk will teach them how to individualize their responses to students, within large- and small-group settings.
- An effective student assistance program should be established in which teachers and related professionals become part of an assessment team that looks at the behavior of students who are having difficulty in school. Health problems, absenteeism, change in performance, and poor classroom conduct are among the factors that should be evaluated. School personnel must be trained and supported regarding recognizing and reporting child abuse.
- Assessment processes should be completed by the student's teachers, counselor, nurse, other related services personnel, administrator, and parents (when possible). This gives the assessment team a tool with which to evaluate the student, and the information gleaned will more readily enable the school to work with parents regarding issues involved in the at-risk situation. This type of confrontation or intervention will be helpful in breaking through both parent and student denial.
- Extensive efforts should be made to enable students to identify positive role models via activities such as student interview assignments with achieving adults and adults who have successfully conquered environmental or familial abuse. If this is not possible in person, videotapes and telephone interviews and follow-up calls are a viable approach. Minority teachers should spend personal time with children who have at-risk characteristics.
- Given the high percentage of minority populations in some rural areas, more curricular emphasis in ethnic history from a psychosocial point of view will enhance self-esteem. One way to accomplish this is to incorporate into a developmental reading program selections that refer to African-American, Hispanic, Native Americans and other minority cultures in all walks of life who have made significant contributions.

- Programs for students who are at risk should include the following elements:

  Academic services including mentoring and tutoring.

  Tested curricular approaches (e.g., substance abuse education packages).

  Vocational education.

  Counseling.

  Transition programs.

  Family involvement.

  Community-business-school-social agency partnerships.

  Community mental health services.

  Comprehensive health services.

  Sex education.

  Drug and alcohol abuse education.

  Nutrition and nutritional education.

  Ongoing peer and teacher support systems.

  Career counseling.

  Creative arts.

  Physical education.

Community Activities

- It is essential that the community, including parents, social agencies, businesses, and civic and volunteer organizations, be involved. Resources are simply too scarce to attempt to deal with problems separately. All community resources are required to handle social problems such as those involved with at-risk conditions. As vocational education is essential in a dropout prevention program, school-business-community partnerships are imperative. It is important that all techniques involving community elements preserve student confidentiality.
- Mentoring can be a volunteer program involving businesspeople, college and high school students, and community members as role models who help students begin to envision their own futures and who provide much-needed caring and support. The entire community—businesses, the justice system, job training and employment agencies, the medical profession, child welfare agen-

cies, police, churches, media, civic groups, and legislators—must play a part.

- Communities should plan alternate entertainment experiences for students, especially in areas with high rates of adult alcoholism and heavy teenage drinking. Local citizens should be involved in program planning regarding sex education and other potentially controversial issues, so that program implementation is well received. Local citizens should also be encouraged to initiate the development or change of policies related to the students at risk. This will require increased community awareness of social problems and expectations for student performance within that community.

Parent Activities

- Parents are an essential resource in program planning and implementation. They can approach other parents, community groups, and school employees. Research has indicated that students whose parents are involved in their child's education achieve at a higher level than those whose parents are not involved. It is especially critical to involve parents of students in dysfunctional family situations if at all possible. All natural outreach agencies or unique rural resources should be involved (e.g., mail carriers, grange organizations, 4-H clubs, natural community communicators, cooperative extension services, public health workers, etc.).

Teacher Concerns

- Teachers, other service providers, and parents must understand that intervention regarding a primary disability can be accomplished by addressing the secondary disability, the emotional overlay. There must be an understanding that students with serious emotional difficulties are generally unable to focus on learning.
- School personnel must communicate high expectations and provide a comprehensive academic and social skills curriculum, indicating to students that what they learn is relevant to their lives. Teachers must provide ongoing evaluation and start students off with successful experiences. Students should be challenged to apply skills in a range of ways and demand that students take responsibility for their own learning.
- Teachers and other service providers must learn to deal with the more covert and difficult situations that arise when trying to determine, for example, when students' actions are affected by alcohol

or drug use. This might include students whose long-term use of drugs or alcohol has left them without motivation for learning or students who are so depressed that they are simply biding time until the school drops them, they quit school, or they attempt suicide. Symptoms such as high absenteeism, frequent tardiness, amotivational syndrome, manipulative behavior, mood swings, and denial must be dealt with even though they are difficult. To follow a student's lead and buy into the denial of the student's parents or other teachers is to condone this behavior and allow it to continue to the detriment of the student and the general school community.

Individual Student Concerns

- All children with disabilities should receive proactive education in protecting themselves against abuse.
- The link between high self-esteem and positive academic grades, school attendance, and social skills should be clearly recognized. The link between poor self-esteem and at-risk conditions (e.g., teen pregnancy, delinquency, depression, substance abuse, dysfunctional families, etc.) should also be recognized.
- While students who are at risk need and deserve academic tutoring, mentor programs, career guidance, counseling, vocational education, health and social services, and other support systems, the most basic ingredient to changing the serious problems of at-risk students, their families, and their communities is the consistent enhancement of self-esteem. Parents, teachers, other service providers, and community members need to learn skills to enable students in pain to identify and express their feelings, validate themselves, and gain a sense of self-worth and personal power. Parents, teachers, and other service providers also need to learn to acknowledge their feelings and validate their point of view.
- The key to helping students who are at risk lies in educating parents, teachers, and other service providers to communicate better with children and become attuned to their problems before they become crises.
- Holistic program approaches should be planned that address the emotional, academic, physical, and social needs of students at risk and involve families in program planning and implementation. Nontraditional methods of instruction should be used to help students in pain address emotional issues. For example, with drama, students can act out their feelings. They can also experience for the first time how a self-confident person feels and acts. Physical activities such as tai chi, karate, or yoga can put students in touch

with their bodies. This has been particularly effective for students who have been sexually or physically abused and have lost body awareness. Movement, dance, art, and music therapies have also proved to be effective.

- A variety of individualized curricular approaches consistent with IEP goals should be designed and implemented, ranging from cooperative learning strategies to adaptive Outward Bound programs, to build self-confidence, self- esteem, and peer supportiveness.
- Early identification of at-risk conditions, in ways that protect student confidentiality, should be emphasized. Early intervention should include adequate prenatal care as well as preschool programs. Attention to nutritional needs and nutrition education should be ongoing.
- Goals for student development should include the enhancement of the following areas:

  Academic abilities.

  Self-esteem.

  Ability to self-nurture.

  Sense of identity.

  Internal motivation.

  Sense of responsibility for one's actions.

  Control over one's own life.

  Ability to find appropriate external support systems and other resources.

  Physical abilities.

  Career/vocational goals.

- In addition, student programming should cover the following aspects of healthy living:

  Self-acceptance and change.

  Discovering individual goals.

  Being responsible for one's own behavior.

  Determining one's choices.

  Acknowledging how individuals allow their thoughts to control them.

Developing awareness of the benefits of cooperation versus the need to be "right."

Dealing with feelings:

- Identifying them.
- Their importance regarding controlling one's life.
- Dealing with them effectively.
- Accepting things one doesn't like and changing what one can.

Using effective communication skills:

- To say what is needed/wanted.
- To deal with angry people.
- To avoid manipulating others or being manipulated.
- When one is angry, hurt, or sad.

Developing an awareness that individuals typically get what they expect (regarding achievements, rewards, joy, and disappointments).

Developing positive relationships with peers, parents, authority figures, and members of the opposite sex.

Strategies Involved in Successful Service Delivery Models

Using Non-Service Agency Personnel. Discussion and support groups led by parents are generally much more successful than those led by professionals. Rural programs frequently find it is particularly helpful to have a public service announcement made by a person stating that he or she is not affiliated with the agency and would like to visit with and possibly assist other parents. The parent groups originally meet on their own and later can become an integral part of the agency's feedback system.

Messages can be sent to isolated rural communities via persons who frequent such areas on a regular basis (e.g., mail carriers, utility meter readers, bookmobile personnel, public health workers, and county extension workers).

School personnel should work cooperatively with agencies who visit families or provide services to those with disabilities (e.g., home health agents or county demonstration workers). Meetings can be arranged among various parent groups with diverse purposes to encourage them to share personal achievements and ideas and occasionally have joint projects. Joint advocacy projects are more effective than those of parent groups working singly.

Local physicians should be told which parents are willing to work with others who are just learning that their children have disabilities. It is extremely helpful for parents who are newly experiencing emotions such as shock, grief, and hostility, to have a parent near who understands these emotions. This is a particularly effective technique in rural areas where parents (and sometimes physicians) know which families have children with disabilities. Local physicians should also be educated regarding the needs of parents of children with disabilities and community resources that are available to them.

Social Ties. Rural families are frequently reticent to become involved with the authority figures of the school regarding their child's program. Thus, it is essential that service providers and administrators establish a positive rapport with parents. This sometimes occurs via a one-on-one discussion between service providers and parents regarding the strengths and weaknesses of a child's performance. It is frequently useful to precede such a discussion with social contacts. In fact, many rural districts host nonthreatening social events in several rural areas. Such amenities increase parent willingness to share valuable information with agencies and to follow up instruction within the home setting.

Service providers who are respected community members have the most success with parents becoming actively involved with their program. Even itinerant staff who only visit a community once a month can express a sincere interest in community events and problems. This is especially true if they talk with the key communicators in the community.

After sufficient rapport has been established, home visits are invaluable. Typically, itinerant staff, practicum students from regional universities, or others who accept invitations to visit or stay in children's homes while traveling learn a great deal about the real strengths and stresses of the family and generate the most success for this special needs program. Because of this, many programs plan for mobile instructional vans to travel through isolated regions. Generally, this also increases the commitment of the professional.

Meeting Other Family Needs. It is critical to truly listen to families and respond to their stated needs even if those needs are not on the professional's agenda (e.g., adult literacy, drug education for family members, etc.). Babysitting "checks" can be provided to parents for 4 to 5 hours of respite care. These can be donated by volunteers or by other parents of children with special needs, establishing a parent-to-parent support system. It is especially helpful to establish one central location or telephone number for families to call for help and one community intake form for all agencies. Responsive service may include traveling clinics and/or a community focus that would bring a consultation team

to a community office. Compliance tracking by agencies is also helpful to clients, particularly those who are confused or nervous about dealing with education and service delivery systems. It is also helpful to define roles for professionals in helping families with their financial problems.

Family support groups should have an understanding that starting small and being patient as the group grows by means of the grapevine will be a profitable long-term strategy. Parents should be taught communication skills so that they can effectively and assertively present their needs to community and other agencies and professionals. This is particularly true of parents who are of a different ethnic background, migrant parents, and/or those who are illiterate. This should be done, if possible, by a person who is from a similar background.

Identifying and Using Local Power and Communication Sources. Parents and professionals should look for natural resources in the community for communication, finances, transportation, and other resources. Informal community structures should be explored to find out who in the community can get things done.

By nature, the rural United States relies on informal structures and natural communication systems. In locating power sources, it is critical to use the media for free public service announcements and try to identify the people "behind" those in power. This may be a spouse, a business or social colleague, a well-respected person who attends the local church or is a cooperative extension worker, the gas station attendant at the regional gas station who talks with everyone who comes through the community, and so forth. These people can be essential in gathering support for high-quality services. Such key communicators and power sources must be given opportunities to really get to know some of the children and families so that they can become their advocates.

Regional and local corporations or outreach businesses should be approached for use of their equipment and staff, corporate donations, and so forth. Corporate tax deductions can be an incentive. Frequently, an important incentive in rural areas is to let companies know that the informal grapevine will be used, as well as formal articles in the local newspaper speaking of how helpful they might have been. Bookmobiles, county extension workers, public health workers, meter readers, and other natural transporters and communicators can be an essential component of effective communication for a program.

Parents typically need a neutral place to meet, accessibility to meetings, practical information presented at the meeting (preferably by a parent), and assertiveness training regarding asking for help. Parents are also needed on agency boards for the important input that only they are capable of giving.

All possible rural community resources should be used, particularly those that are informal and involve excellent communicators. This may

include the local garden club, the grange, the Welcome Wagon, or, in larger communities, a Lion's Club. Churches and bars are generally also important communication institutions in rural areas.

Technology. Technological devices can be as simple as a citizen's band radio (capable of serving several families in clustered rural areas) or a telephone answering machine. Answering machines offer parents options of listening, at their convenience, to student progress reports and appeals for instructional assistance at home. Materials to be taught by parents can be coordinated with television broadcasts or telecommunication systems and supplemented by mobile vans or itinerant staff visits. Video or cassette tapes can be mailed to parents for instructional use, or to educators for critique, regarding a child's progress. Teacher visits and/or counseling via telephone, audio conferencing, or teleconferencing can be used as supplements. Families should be encouraged to use the "Green Thumb Network" menu of CompuServe regarding potential services of county extension agencies. Parents with computers can take advantage of this service.

Parent-Community Communications. Communication books, designed by teachers, can be sent home with children on a daily or periodic basis. Such books offer advice for at home follow-up, reports of progress, and so forth, and can be responded to by parents. School newsletters (even one-page mimeographed sheets) should contain articles or suggestions made by parents and a recognition that family support is crucial.

ACRES Rural Family-Professional Consortium. The ACRES Rural Family-Professional Consortium links parents and professionals with services that may be of help to them. The consortium enhances rural family-professional involvement and links families with valuable resources and information. A *Rural Parent Directory* was developed by the consortium and is available from ACRES headquarters at the following address:

American Council on Rural Special Education
Western Washington University
Miller Hall Room 359
Bellingham, Washington 98225
206/676-3576

The consortium also collects information on existing fathers' support groups and resources and available resources and strategies for ethnic minorities and other culturally diverse groups, and it reviews and evaluates university course work that concerns rural families of children with disabilities. The Parent Consortium meets each year at the ACRES National Rural Special Education Conference.

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Resources

Examples of Successful Service Delivery Models

Low-incidence disabilities vary greatly from one area to the next because of population and environmental influences. Thus, in one area, a given model may be used to serve citizens who have cerebral palsy or deafness. In another sparsely populated area, the model may be adapted to serve only children in the community who have moderate retardation.

Development of each of the successful models and strategies described in this book involved the recognition of factors discussed in the section on considerations for service delivery planning (Chapter 3). Each design highlights the manipulation of one or more of the ten variables listed, although none of the models or strategies controlled or changed all of them.

An adroit planner would not directly "transport" any of the sample models, but would consider them illustrative of the ways in which factors can be recognized and/or variables manipulated in order to create a subculture-specific model.

Direct Student Support Programs

Student Mediation Program

This program teaches students to become mediators. They then assist with resolving conflicts among students during the school day. Students apply for 15 to 25 hours of instruction in conflict management. The program has been evaluated positively by school and community personnel.

Contact:

Dan Bowe, Principal
South Milwaukee Middle School
1225 Memorial Drive
South Milwaukee, WI 53172
414/768-6355

Training for Life

The Martial Arts for Academic and Personal Achievement Program, a Karate-based learning program for youth with special needs, was originated in Salt Lake City, Utah, by Jorge "Coco" Vazquez. It is listed because it has been adapted successfully in a number of rural sites. The program is a behavioral incentive approach geared to serve the special learning and behavioral adjustment needs of students who have behavioral, emotional, social, and academic disabilities. Students are involved in a motivational learning environment that allows natural

learning of alternative skills and behaviors. State-of-the-art instructional technology is used to maximize, ensure, and enhance student skill development of behaviors and attitudes to cope with school-related demands.

Contact:

Vince Beyl
Bemidji Middle School
1910 Middle School Avenue
Bemidji, MN 56601
218/759-3210

Program for Students Who Are at Risk

A full-time director for the program facilitates peer tutoring, mentoring, team activities, a nonsmoking class, and support groups.

Contact:

Keith Cavanagh
Central Junior High
9th Street
Dewitt, IA 52742
319/659-5025

Star (Study, Think, Advise and Read)

Students have the opportunity to get extra help in laboratory classes, language arts, home economics, computers, art and science. Students are assigned to a STAR room and may also use an individualized computer program, attend special music rehearsals, meet for student council, get remediation help from academic teachers, or use the time for studying.

Contact:

Roger Searls
Brodhead Middle School
406 Tenth Street
Brodhead, WI 53520
608/897-2184

Programs Having a High Respect for the Unique Needs of Families

Project PPEP

Project PPEP, Inc., is an organization that provides a number of services throughout Arizona, including crisis intervention counseling; food, clothing, and rent assistance; and a child abuse prevention program.

Contact:

PPEP
806 East 46th Street
Tucson, AZ 85713
602/622-3553

Parent Pilot Program

The Parent Pilot Program is one in which parents of children with disabilities help other parents who have recently learned that their child has a special need. The program's main purpose is to provide supportive, experienced parents to pilot "new parents" through the initial difficulties of accepting that their child is handicapped, learning about disabling conditions, and finding the proper services to aid their child in his or her development. Contact services for this project are as follows:

Idaho Falls
Carma Mordecai
6827 Jennifer Lane
Idaho Falls, ID 83402
208/524-1619

Twin Falls
Debbie Johnson
809 East 18th Street
Jerome, ID 83338
208/324-5842

Boise
Linda Jensen
P.O. Box 1100
Boise, ID 83701
208/343-2583

Moscow
Kathy Salzwedel
603 West Palouse River Drive
Moscow, ID 83843
208/882-9049

Coeur d'Alene
Lori Hill
North 9735 Valleyway
Rathdrum, ID 83858
208/772-6209

Saratoga REACH

Saratoga REACH is a unique program in which Saratoga County families of children with disabilities share child care with one another. Parents get more time to relax or catch up when their children are with families they have come to know and trust. Children with disabilities and their siblings meet new friends, and the care can be used short-term or in case of an emergency or family vacation. Saratoga REACH helps take the worry out of child care because parents train each other and exchange care with the support of professionals who understand special needs. To request information, brochures, or an application or program presentation for a family or group, call 518/584-5000, Ext. 2340.

Programs Creating Responsive Communities for Rural Families: Opening Up Communities So That Community-Family Integration Is Real.

Project PPEP (See above.)

Parent to Parent of Snohomish County
Parent to Parent of Snohomish County (Washington) has empathetic parents who have been trained to link with other parents with similar experiences. They are available to help parents through their time of need, whether it be diagnosis, hospitalization, ongoing care of their child, or just need of a friend. Call Colleen Webb, 206/668-3275.

White Rock Delta Infant Development Program
This program serves infants ages birth to 3. Staff persons work directly in the home of the family and offer resources to parents. Program services are all provided free of charge.

Contact: White Rock Delta Infant
Development Program
1185 Centre Street
White Rock, BC B4B 4C8.

Building Parent/Professional Partnerships: Formalized Approaches Including Training for Families and Professionals

ACRES National Rural Parent-Professional Consortium
The ACRES National Rural Parent-Professional Consortium is an extremely effective working group of rural parents and professionals from across the United States and Canada. Products have included the *ACRES Rural Parent Resource Directory*, developed and peer reviewed by rural parents.

Contact: ACRES National Rural Parent
Professional Consortium

Suzanne Ripley
NICHCY
7926 Jones Branch Drive
McLean, VA 22102
703/893-6061

or

Audray Holm
1750 East Hill Road
Willits, CA 95490
707/459-4172.

Education Planning: Improving Communication (EPIC)
EPIC is a program that achieves more effective educational planning by improving the communication process between parents and professionals. A cost-effective team of parents and professionals works together to evaluate and plan a program for the child. The program has been selected as a promising practice in special education by the Connecticut State Department of Education.

White Rock Delta Infant Development Program (See Above.)

PARENTS (Parents Assisting Rural Educators through Networking and Teaching in Schools).
This parent-professional partnership is an effective model for parent involvement in rural schools. It is a parent liaison program employed by the PARENTS project for increasing parent involvement and building parent-professional partnerships. The goals of the parent liaison program are achieved through three major program components: home/school communications, parent participation, and parent collaboration.

Contact:
Anita Hodges, Parent Coordinator
PARENTS Project
300 Enola Road
Morgantown, NC 28665.

Other Excellent Parent/Professional Groups

Contact:
Parent Professional Group
Debbie Tuck
11 Salmond Street
Belfast, ME 04915

This network provides information and referral services for parents of children with special needs. A special component focuses on assistive devices including computers and software available to children with disabilities, to facilitate greater abilities for independent living.

Contact:
Special Needs Parent Information Network
(SPIN)
Jan Wait-Austin
Box 2067
Augusta, ME 04338-2067
207/389-2418

Accessing Services

Audio Conferencing Service
An example of accessing services in spite of geographic difficulties and cultural diversity follows. An audio conferencing system in Juneau, Alaska, connects parents from across Alaska, who then share a variety of resources for their children. For example, each time a child having two different sized feet needs a pair of shoes, parents who have been connected by this audio conferencing system know other parents who are willing to share shoes, saving both families money. Besides such physical and economic support, parents provide tremendous emotional support to one another. This program coordinates referral, information, parent training, and networking to parents across Alaska who have children with disabilities. A focus is unserved and underserved rural families. A statewide conference is held for parents.

Contact: Alaska PARENTS Resource Center
Judy Rich, Director
Box 32198
Juneau, AK 99803
907/790-2246.

Pilot Parent Program **(See Above.)**

Establishing Interagency Commitment and Eliminating Duplication and Fragmentation

Arlington Interagency Project
This project won an ACRES Exemplary Rural Special Education Award for its innovative approaches. It operates under the belief that for a program to be successful, the interagency group must go to families, helping them focus on their strengths and develop a plan of action for themselves.

Contact: Diane McCutchen, Project Coordinator
Arlington School District
600 East Fir Street
Arlington, WA 98223
206/435-2156

The Home Activity Program for Parents and Youngsters (HAPPY)
This program addresses the needs of underserved young children with disabilities and their families who live in the isolated rural areas of Nevada. This model program has two interrelated components: computer-assisted, home-based curricula and video-assisted home-based

assessment and instruction. This program is exceptionally strong in its parent-professional partnership aspect and in the delivery of home-based services.

Creative New Services. Taking What Exists and Shaping It into Something New

Project SHaRE (Sources of Help Received and Exchanged)
Project SHaRE is a family support program of the Family Infant and Preschool Program located in rural western North Carolina. SHaRE is using one of the oldest practices of helping families meet needs, called reciprocity. Eighty families and individuals, half of whom are caring for a disabled family member in the home, have formed a unique community partnership that functions as an informal support network. SHaRE members have discovered that they have a wide variety of strengths, products, and services that they exchange with others in order to secure the goods, services, and products they in turn need. The SHaRE program could be easily replicated in other rural school districts by churches, parent groups, or civic clubs.

Contact:

Lynda L. Pletcher
Coordinator-Project SHaRE
Family Infant and Preschool Program
Morganton, NC 28655

Community-Business-School Partnerships
Rural school, community, and family programs are most successful when they form partnerships with businesses. The scarcity of rural resources simply requires collaboration. An example of identifying all potential local resource systems and using them to assist in programs is that students related to the Western Oregon State College rural special education program routinely contact local businesses and unique agencies such as the local reform institutions to see how they may help in instructional efforts.

Contact:

Bonnie Young
Department of Special Education
Western Oregon State College
Monmouth, OR 97361
503/838-1220, Ext. 222

Other Excellent Models

The following statewide project helps make assistive technology more available to Maine children and adults who have disabilities. The technologies assist people to function more independently at school, at work, in the community and at home.

Contact:

Maine CITE (Consumer Information and Technology Training Exchange)
Kathleen Powers & Barbara Keefe
University of Maine at Augusta
Augusta, ME 04330
207/621-3195

The following program, funded by the Maine Developmental Disabilities Council, trains families of individuals with disabilities to educate policymakers. The publication *Caring for Families Who Care*, is available.

Contact:

Advocacy for Change
Jim Braddick
State House Station 139
Augusta, ME 04333
207/289-4213

Strategies for Hard-to-Reach Families

Parents Lets Unite for Kids (PLUK)

The goals of this program are to provide an information network for parents, train parents to communicate more effectively with educational personnel, and link parents of children who have disabilities with other parents with special needs. They also provide parent training to meet the unique needs of Native American parents with children who have special needs. One way they accomplish this is to provide a minimum of two communication workshops designed specifically for Native American parents. These are presented on reservations each year.

Contact:

Katharin A. Kelker, Project Director
PLUK
P.O. Box 30935
Billings, MT 59107
406/657-2055

Parent Training and Information Center for Parents of Handicapped Children in Mississippi Under P.L. 94-142.

This program provides individual assistance and training to parents of children in Mississippi who have disabilities. Within the scope of the program they recruit, identify, and train parent facilitators to serve two underrepresented populations, the Mississippi's Bank of Choctaw In-

dians and the Black Community of the Mississippi Delta Region. The role of parents who participate in workshops or individual assistance is to exercise their rights and responsibilities in planning, monitoring, and implementing programs for their children with special needs.

Contact:

Anne Presley, Project Director
Association of Developmental Organizations of Mississippi, Inc.
6055 Highway 18 South
Jackson, MS 39212
601/922-3210

Other Excellent Programs

The following statewide telecommunications project involves all university campuses (two-way audio, two-way video), high school sites (one-way audio, two-way video), and all 7 vocational-technical colleges. All Maine staff development programs are instructional television/ telecommunications.

Contact:

Maine ITV Program
David Stockford
Department of Education
Division of Special Education
State House Station #23
Augusta, ME 04330

The following network for special education teachers provides support and training through a variety of activities, ranging from regional meetings to a summer teacher academy and a statewide winter retreat for special education teachers. It is described as "teacher run, in response to the needs of its members."

Contact:

Maine Network for Rural Special Educators
Kathryn F. Markovchick
University of Maine at Farmington
Franklin Hall
104 Main Street
Farmington, ME 04938

This rural program implements drug and alcohol intervention through Head Start and public schools, conducts a project using local citizens as mentors to teach traditional Native American lifestyles to children who are at risk, and teaches children to live with parents who are alcoholics.

Other Resources

The Council for Exceptional Children
1920 Association Drive
Reston, VA 22090

American Council on Rural Special Education (ACRES)
National Rural At-Risk Task Force
Western Washington University
Bellingham, WA 98225

V.O.I.C.E.S. in Action, Inc.
(Victims of Incest Can Emerge as Survivors)
PO Box 148309
Chicago, IL 60614

National Council on Alcoholism
Hazelden Foundation
PO Box 11
Center City, MN 55012

National Institute on Drug Abuse
5820 Hubbard Drive
Rockville, MD 20852

Adolescent Pregnancy Child Watch Project
Children's Defense Fund
122 C Street NW
Washington, DC 20001

International Association for the Study of Cooperation in Education
Box 1592
Santa Cruz, CA 95061-1582

New England Network
Kathryn F. Markovchick
University of Maine at Farmington
Franklin Hall
104 Main Street
Farmington, ME 04938

CEC Mini-Library
Exceptional Children at Risk

A set of 11 books that provide practical strategies and interventions for children at risk.

- *Programming for Aggressive and Violent Students.* Richard L. Simpson, Brenda Smith Miles, Brenda L. Walker, Christina K. Ormsbee, & Joyce Anderson Downing. No. P350. 1991. 42 pages.
- *Abuse and Neglect of Exceptional Children.* Cynthia L. Warger with Stephanna Tewey & Marjorie Megivern. No. P351. 1991. 44 pages.
- *Special Health Care in the School.* Terry Heintz Caldwell, Barbara Sirvis, Ann Witt Todaro, & Debbie S. Accouloumre. No. P352. 1991. 56 pages.
- *Homeless and in Need of Special Education.* L. Juane Heflin & Kathryn Rudy. No. P353. 1991. 46 pages.
- *Hidden Youth: Dropouts from Special Education.* Donald L. Macmillan. No. P354. 1991. 37 pages.
- *Born Substance Exposed, Educationally Vulnerable.* Lisbeth J. Vincent, Marie Kanne Poulsen, Carol K. Cole, Geneva Woodruff, & Dan R. Griffith. No. P355. 1991. 28 pages.
- *Depression and Suicide: Special Education Students at Risk.* Eleanor C. Guetzloe. No. P356. 1991. 45 pages.
- *Language Minority Students with Disabilities.* Leonard M. Baca & Estella Almanza. No P357. 1991. 56 pages.
- *Alcohol and Other Drugs: Use, Abuse, and Disabilities.* Peter E. Leone. No. P358. 1991. 33 pages.
- *Rural, Exceptional, At Risk.* Doris Helge. No. P359. 1991. 48 pages.
- *Double Jeopardy: Pregnant and Parenting Youth in Special Education.* Lynne Muccigrosso, Marylou Scavarda, Ronda Simpson-Brown, & Barbara E. Thalacker. No. P360. 1991. 44 pages.

Save 10% by ordering the entire library, No. P361, 1991. Call for the most current price information, 703-620-3660.

Send orders to:
The Council for Exceptional Children, Dept. K11150
1920 Association Drive, Reston VA 22091-1589

"...provides a multifaceted look at the problems and solutions for educating rural students who are at risk. Dr. Helge promotes a student-centered approach to the problems, an eclectic view of the solutions."

Kathryn F. Markovchick
Director, Maine Support Network for Rural Special Educators
Consultant, University of Maine at Farmington, Professional Development Center

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